

07/26/00  
JC760 U.S. PTO



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Approved for use through 09/30/2000. OMB 0651-0032  
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JC8724 S. PTO  
09/26/00

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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. MST-1997.1

First Inventor or Application Identifier F.E. Mootz

Title Cup Handling Subsystem .....

Express Mail Label No.

APPLICATION ELEMENTS		ADDRESS TO:		
See MPEP chapter 600 concerning utility patent application contents.		Assistant Commissioner for Patents Box Patent Application Washington, DC 20231		
1. <input checked="" type="checkbox"/>	* Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)	5. <input type="checkbox"/>	Microfiche Computer Program (Appendix)	
2. <input checked="" type="checkbox"/>	Specification [Total Pages 31] (preferred arrangement set forth below)	6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)	a. <input type="checkbox"/> Computer Readable Copy	
	- Descriptive title of the Invention		b. <input type="checkbox"/> Paper Copy (identical to computer copy)	
	- Cross References to Related Applications		c. <input type="checkbox"/> Statement verifying identity of above copies	
	- Statement Regarding Fed sponsored R & D			
	- Reference to Microfiche Appendix			
	- Background of the Invention			
	- Brief Summary of the Invention			
	- Brief Description of the Drawings (if filed)			
	- Detailed Description			
	- Claim(s)			
	- Abstract of the Disclosure			
3. <input checked="" type="checkbox"/>	Drawing(s) (35 U.S.C. 113) [Total Sheets 17]	7. <input type="checkbox"/>	Assignment Papers (cover sheet & document(s))	
4. Oath or Declaration	[Total Pages 7]	8. <input type="checkbox"/>	37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) <input type="checkbox"/> Attorney	
a. <input type="checkbox"/>	Newly executed (original or copy)	9. <input type="checkbox"/>	English Translation Document (if applicable)	
b. <input checked="" type="checkbox"/>	Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed)	10. <input type="checkbox"/>	Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Statement	
i. <input type="checkbox"/>	<u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).	11. <input checked="" type="checkbox"/>	Preliminary Amendment	
*NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).				
12. <input type="checkbox"/>	Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	13. <input type="checkbox"/>	* Small Entity <input type="checkbox"/> Statement filed in prior application, Statement(s) <input type="checkbox"/> Status still proper and desired (PTO/SB/09-12)	
14. <input type="checkbox"/>	Certified Copy of Priority Document(s) (if foreign priority is claimed)	15. <input type="checkbox"/>	Other: .....	
16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: 09 / 099,739 Prior application information: Examiner L. Le Group / Art Unit: 1743				
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.				
17. CORRESPONDENCE ADDRESS				
<input type="checkbox"/> Customer Number or Bar Code Label		or <input checked="" type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here)		
Name	JOHN M. PAOLINO			
Address	BAYER CORPORATION 511 Benedict Avenue			
City	Tarrytown	State	New York	
Country	USA	Telephone	914/524-2552	
Zip Code	10591			
Fax	914/524-3594			
Name (Print/Type)	John M. Paplino		Registration No. (Attorney/Agent)	40,340
Signature			Date	July 24, 2000

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PTO/SB/17 (12/99)

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# FEE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision.

Small Entity payments **must** be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$ 1,644)

## Complete if Known

Application Number	T/B/A
Filing Date	T/B/A
First Named Inventor	F. E. Mootz et al
Examiner Name	L. Le
Group / Art Unit	1743
Attorney Docket No.	MST-1997.1

JCB77 U.S. 09/626066

07/26/00

## METHOD OF PAYMENT (check one)

1.  The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 13-3370

Deposit Account Name Bayer Corporation

Charge Any Additional Fee Required  
Under 37 CFR §§ 1.16 and 1.17

2.  Payment Enclosed:

Check  Money Order  Other

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101	690	201 345 Utility filing fee	690
106	310	206 155 Design filing fee	
107	480	207 240 Plant filing fee	
108	690	208 345 Reissue filing fee	
114	150	214 75 Provisional filing fee	

SUBTOTAL (1) (\$ 690)

## 2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
60	-20**	=40	x 18 = 720
Independent Claims	6	- 3**	= 3 x 78 = 234
Multiple Dependent			

\*\*or number previously paid, if greater; For Reissues, see below

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
103	18	203 9 Claims in excess of 20	
102	78	202 39 Independent claims in excess of 3	
104	260	204 130 Multiple dependent claim, if not paid	
109	78	209 39 ** Reissue independent claims over original patent	
110	18	210 9 ** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$ 954)

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105	130	205 65 Surcharge - late filing fee or oath	
127	50	227 25 Surcharge - late provisional filing fee or cover sheet	
139	130	139 130 Non-English specification	
147	2,520	147 2,520 For filing a request for reexamination	
112	920*	112 920* Requesting publication of SIR prior to Examiner action	
113	1,840*	113 1,840* Requesting publication of SIR after Examiner action	
115	110	215 55 Extension for reply within first month	
116	380	216 190 Extension for reply within second month	
117	870	217 435 Extension for reply within third month	
118	1,360	218 680 Extension for reply within fourth month	
128	1,850	228 925 Extension for reply within fifth month	
119	300	219 150 Notice of Appeal	
120	300	220 150 Filing a brief in support of an appeal	
121	260	221 130 Request for oral hearing	
138	1,510	138 1,510 Petition to institute a public use proceeding	
140	110	240 55 Petition to revive - unavoidable	
141	1,210	241 605 Petition to revive - unintentional	
142	1,210	242 605 Utility issue fee (or reissue)	
143	430	243 215 Design issue fee	
144	580	244 290 Plant issue fee	
122	130	122 130 Petitions to the Commissioner	
123	50	123 50 Petitions related to provisional applications	
126	240	126 240 Submission of Information Disclosure Stmt	
581	40	581 40 Recording each patent assignment per property (times number of properties)	
146	690	246 345 Filing a submission after final rejection (37 CFR § 1.129(a))	
149	690	249 345 For each additional invention to be examined (37 CFR § 1.129(b))	

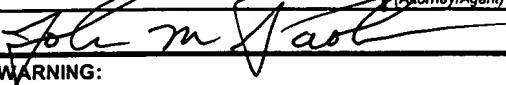
Other fee (specify) \_\_\_\_\_

Other fee (specify) \_\_\_\_\_

SUBTOTAL (3) (\$ 0)

Reduced by Basic Filing Fee Paid

## Complete (if applicable)

Name (Print/Type)	John M. Paolino	Registration No. (Attorney/Agent)	40,340	Telephone	914/524-25532
Signature					
Date	July 24, 2000				

## WARNING:

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